

WHICH APPLICANTS/CLIENTS OR FAMILIES ARE REQUIRED TO PAY THE ANNUAL ASSESSMENT FEE?

Applicants/clients or families applying for the CCS program whose incomes exceed 100 percent of the federal poverty level are required to pay the annual assessment fee unless they are determined by the county CCS office to be exempt from paying the fee.

WHICH APPLICANTS/CLIENTS OR FAMILIES ARE NOT REQUIRED TO PAY THE ANNUAL ASSESSMENT FEE?

- Applicants/clients or families with full Medi-Cal benefits without a monthly share of cost.
- Applicants/clients receiving Medical Therapy Program therapy services as part of an individualized education plan.
- Families with incomes less than 100 percent of the federal poverty level.
- Applicants/clients who are Healthy Families subscribers.

WHICH APPLICANTS/CLIENTS OR FAMILIES ARE REQUIRED TO PAY THE ANNUAL ENROLLMENT FEE?

Applicants/clients or families applying for CCS treatment services and whose incomes exceed 200 percent of the federal poverty level are required to pay the fee unless they are determined by the county CCS office to be exempt from paying the fee.

WHICH APPLICANTS/CLIENTS OR FAMILIES ARE NOT REQUIRED TO PAY THE ANNUAL ENROLLMENT FEE?

- Applicants/clients or families with full Medi-Cal benefits without a monthly share of cost.
- Families with incomes less than 200 percent of the federal poverty level.
- Applicants/clients or families applying for services to diagnose a child's medical condition which may be eligible for CCS.
- Applicants/clients or families applying only for physical therapy or occupational therapy in the medical therapy units in public schools.
- Families who, at the time of adoption, knew their child had an eligible CCS condition.
- Applicants/clients who are Healthy Families subscribers.

WHAT IF THE FAMILY CANNOT PAY THE ENROLLMENT FEE?

If a family is unable to pay the full fee because of undue hardship, the family may ask for an exemption. Undue hardship means, for example, the family now has either less income due to unemployment or change in job; or, unavoidable expenses that reduce the ability to pay. The family may formally appeal a county's decision and should ask the county how to file an appeal under CCS regulations.

TO APPLY: Write or telephone your county health department's California Children Services. It is listed in your local telephone directory. THEY CAN ANSWER YOUR QUESTIONS ABOUT CCS.

If you need help locating your county CCS program you may call or write to:

**STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
California Children's Services
P.O. Box 942732
Sacramento, California 94234-7320
(916) 327-1400**

Gray Davis
Governor

Grantland Johnson, Secretary
Health and Human Service Agency



CHILDREN'S MEDICAL SERVICES

California
Children's
Services



CCS

WHAT IS THE CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM?

California's medical program for treating children diagnosed with certain physically disabling medical conditions was started by the California Legislature in 1927. Many medical conditions, which are physically disabling are eligible for benefits under the CCS program. This tax supported program provides specialized medical care and rehabilitation for children whose families cannot provide all or part of the care.

WHAT ARE THE CCS PROGRAM GOALS?

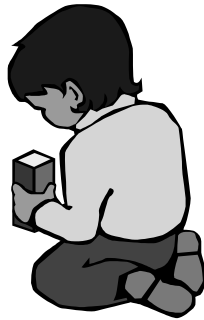
- To locate California Children who may need CCS specialized medical care.
- To encourage California families who have children with physically disabling medical conditions to obtain the medical services necessary to bring about the maximum health of their children.



WHO IS ELIGIBLE FOR THE CCS PROGRAM?

The program is available to anyone who is:

1. is under 21 years of age; and
2. is a California resident; and
3. has a physically disabling medical condition that is eligible for care under CCS; and
4. whose family income is less than \$40,000 a year (State adjusted gross income). An individual whose family has a higher income may receive services if the estimated cost of medical care in one year is expected to exceed 20 percent of income. There is no financial eligibility required for diagnostic services or the Medical Therapy Program.



WHAT SERVICES DOES THE CCS PROGRAM PROVIDE?

1. **Diagnostic evaluations**
Children whose family doctor has documentation to support the suspicion of having one of the CCS eligible medical conditions are eligible to receive diagnostic services, regardless of family income.

2. **Treatment Services**

for a CCS-eligible medical conditions, including medical dental and surgical care, pharmaceuticals, physical and occupational therapy, laboratory tests, X-rays, appliances, equipment, and other needed services.

3. **Physical and occupational therapy**

is provided in medical therapy units located in public schools to children who have a medical need for these treatment services. (These CCS services do not require financial eligibility)

4. **Medical case management**

is provided by the CCS program. It includes: referrals to medical specialists and centers; follow-up with others involved with the care of the child such as schools, public health/school nurses, social workers and other agencies; transferring medical records; locating new facilities and services when families move; and assisting the family to cope with the child's condition.



HOW DO I FIND OUT IF MY CHILD HAS AN APPROVED CCS MEDICALLY ELIGIBLE CONDITION?

Anyone may refer a child to CCS – public health/school nurses, Healthy Families (HF) Plans, Medi-Cal Managed Care Plans, other agencies, or the family itself to determine if the child has an approved CCS medically eligible condition. Most children are referred by the family physician, specialist or hospital. The physician or hospital can supply important medical information necessary in making the CCS medical eligibility determination and may also participate in the child's CCS treatment program.

WHERE DO I APPLY FOR THE CCS PROGRAM?

You should apply for the CCS program at your local CCS office in the county where you live. This office should be contacted for assistance as requests for CCS coverage must be made on or before the day services are rendered, except for emergencies. Your county CCS office can tell you if your child may be eligible for the CCS program. CCS eligibility must be determined before services can be covered by CCS.

HOW WILL I KNOW IF MY CHILD IS ELIGIBLE FOR CCS PROGRAM BENEFITS?

Your county CCS office or the appropriate State Regional Office will consider your child's medical condition as well as the family's residential and financial status to determine CCS eligibility. This is accomplished by completing the necessary application forms and providing the required documentation. Based on this information and completed paperwork the CCS program will approve or deny your application. If your application is denied you have the right to appeal the decision.

WHAT IF MY CHILD HAS HEALTH INSURANCE COVERAGE WITH THE HEALTHY FAMILIES (HF) PROGRAM?

Your child's HF coverage **does not** provide payment for services to fully diagnose or treat a CCS-eligible medical condition. If your child is suspected of having a CCS-eligible medical condition you will be referred to a special CCS-paneled provider who is experienced in diagnosing and treating the suspected eligible medical condition. Upon approval by CCS, the diagnosis and treatment services will be covered by the CCS program. CCS is a partner with the HF program to provide your child with the specialized medical care needed to treat your child's CCS-eligible medical condition. You must accept the CCS referral to a CCS-paneled or approved provider in order to receive ALL the benefits of the CCS program. The HF plan remains responsible for providing your child's primary care, prevention, and other treatment services not authorized by the CCS program. You must inform CCS at the time your child's HF coverage changes or is terminated.

WHAT IF I HAVE PRIVATE HEALTH INSURANCE COVERAGE FOR MY CHILD?

Your child can be eligible for the CCS program even though you have private health insurance coverage. If your child is a CCS applicant/client and has individual or group private health insurance coverage, you must report it to the county CCS office and to the child's health care provider. Private health insurance coverage is used to help reduce CCS program costs.

WHAT IF MY CHILD IS MEDI-CAL ELIGIBLE?

Children who are Medi-Cal eligible and have approved CCS medical conditions are usually eligible for CCS case management and other services not covered by Medi-Cal. This is also true for children who are enrolled in Medi-Cal managed care plans. This arrangement assures that all California children with complex, disabling medical conditions will receive appropriate specialized care.

WILL THERE BE ANY COST TO THE FAMILY OF A CCS-ELIGIBLE CHILD?

Some families may be required to pay an annual assessment fee and/or annual enrollment fee. These fees are used to help cover the cost of treatment, processing applications, telephoning hospitals, physicians and other caregivers, mailing authorizations to these caregivers, and coordinating care with other agencies. All of these services are provided by the CCS program to ensure that clients receive the best care possible from physicians and specialists who provide medical care to children. The annual assessment fee is \$20 and the annual enrollment fee is calculated based on family size and income.